PATENT

Attorney's Doc	ket No. <u>2696.3003.001</u>
COMBINED D	ECLARATION AND POWER OF ATTORNEY
(0	PRIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
As a below name	ed inventor, I hereby declare that:
	TYPE OF DECLARATION
This declaration	is of the following type: (check one applicable item below)
X original design supplem	nental
NOTE:	If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do <u>not</u> check next item; check appropriate one of last three items.
national	stage of PCT
NOTE:	If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.
division continua	
•	INVENTORSHIP IDENTIFICATION
WARNING:	If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.
and sole inventor (office address and citizenship are as stated below next to my name, I believe I am the original, first if only one name is listed below) or an original, first and joint inventor (if plural names are listed act matter which is claimed and for which a patent is sought on the invention entitled:
TITLE OF INV	ENTION
	BUILDING IN SUSPENSION
	SPECIFICATION IDENTIFICATION
(-) 3/ !441-	f which: (complete (a), (b) or (c)) ed hereto. l on as Serial No or on (if applicable). NOTE: Amendments filed after the original papers are
Accordingly, the a declaration, are the See 37 CFR 1.67.	(if applicable). NOTE: Amendments filed after the original papers are PTO which contain new matter are not accorded a filing date by being referred to in the declaration. mendments involved are those filed with the application papers or, in the case of a supplemental ose amendments claiming matter not encompassed in the original statement of invention or claims.
	amended under PCT Article 19 on (if any).



ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

_____In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) X no such applications have been filed.
- (e) such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION	DATE OF FILING	PRIORITY CLAIM
	NUMBER	(DAY, MONTH, YEAR)	UNDER 35 USC 119
			YES NO
	·		YESNO
			YESNO
			YESNO
			YESNO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David A. Burns	46,238		
Robert C. Collins	27,430	John F. Learman	17,069
Paul .J. Ethington	17,299	John K. McCulloch	17,452
John .E. Evans	20,124	John .P. Moran	20,941
Robert L. Farris	25,112	Steven .L. Permut	28,388
Frank .J. Fodale	20,824	Matthew J. Schmidt	43,904
William H. Francis	25,335	William J. Schramm	24,795
William H. Griffith	16,706	James .D. Stevens	35,691
Andrew M. Grove	39,697	Robert L. Stearns	36,937
Richard W. Hoffmann	33,711	William J. Waugaman	20,304
Eric T. Jones	40,037	Charles R. White	20,494

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

William H. Griffith Reising, Ethington, Barnes, Kisselle, Learman & McCulloch, P.C. P.O. Box 4390 Troy, MI 48099-9998

(248) 689-3500

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

SIGNATURE(S)

Full name of sole or first in	ventor	H. Fred Campbell		
Inventor's signature	Med (ambell		
		Country of Citizenship	United States	
Residence	Bloon	nfield Hills, Michigan		
Post Office Address _	4012	Hidden Woods Drive		
	Bloom	nfield Hills, Michigan 48301		
Full name of second joint in	ventor, if an	у	-	
Inventor's signature			<u>,</u>	
Date Country of	Citizenship		_	

Residence
Post Office Address
CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION
Signature for third and subsequent joint inventors. Number of pages added
Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added

Authorization of attorney(s) to accept and follow instructions from representative.
* * *
If no further pages form a part of this Declaration then end this Declaration with thi page and check the following item
Y This dealeration and with this mage